

# Scientific Advisory Committee Meeting of the Caribbean Epidemiology Center (CAREC) - 1994

The XXI meeting of the Scientific Advisory Committee (SAC) of the Caribbean Epidemiology Center (CAREC) took place during 15-17 March at CAREC, in Port-of-Spain, Trinidad. Fourteen SAC members and a similar number of observers from universities, national health agencies, international and national medical and research organizations, and PAHO, participated in the meeting, as well as members of the CAREC professional staff.

In addition to the Center Director's report, which reviewed the work of the preceding year, there were individual presentations on subjects such as: the health situation in CAREC Member Countries and CAREC's evolving role; the CAREC epidemiology training and health economics projects; dengue fever response; and a tuberculosis control strategy. A guest speaker from London Lighthouse, a center for people facing the personal challenge of AIDS, also made a presentation described the creation of that center and the services it provides.

In his presentation to SAC, the Head of CAREC's Epidemiology Division identified behavioral epidemiology, non-communicable disease control, and laboratory support as the major needs of CAREC Member Countries (CMCs). Priorities for the Center include: to improve service to CMCs, to produce information for action, and to help strengthen the public health infrastructure. Improvement of service will require new strategies while new approaches are required to identify CMC needs. Activities of the "information for action" priority will focus on (a) building the capacity of CMC decision makers to identify and set priorities, formulate health policies, identify cost-effective interventions, plan, monitor and evaluate programs, and obtain and allocate resources; (b) enhancing the skills of technical advisors in collecting valid data and improving data quality; and, (c) strengthening information systems, including data availability, accessibility, analysis, and interpretation. Infrastructure strengthening will initially focus on human resources, with a focus on decision makers,

development of leadership, and information systems, with support for a health economics approach that can lead to better allocation of available resources.

Five working groups were established, which discussed: surveillance priorities, vital and health statistics utilization, directions for CAREC's role in HIV/AIDS and STD clinical management and care, aircraft disinsection, and tuberculosis strategy. The recommendations drafted by these groups were discussed in plenary sessions, revised accordingly, and included in the SAC report to CAREC Council. The principal elements of the SAC recommendations in these five areas are summarized below.

## **Concerning *Surveillance priorities:***

. While AIDS and other communicable diseases are continuing concerns, CAREC should also address surveillance of non-communicable diseases, infant and maternal mortality, reproductive health, and injuries.

. CAREC should seek resources and personnel with skills in behavioral epidemiology, to expand existing training activities and to enable collection and analysis of risk factor data and behavioral interventions.

. CAREC should help CMCs to implement minimum data sets required for calculating burden of disease and, through training activities, help to develop skills within CMCs for calculating disease burden.

. Donors should be approached by CAREC for funds to provide support, personnel and training in health economics. CAREC should also ensure that projects acquire data which permit health and economic impact analysis.

## **Concerning *Vital and health statistics utilization:***

. CAREC should help to strengthen CMCs' capabilities for utilization of vital and health statistics, seeking sustainability through involvement of all relevant agencies, professional

associations and key persons at the local and national levels.

. CAREC should continue to evaluate and assist in the improvement of birth and death registration and, in association with other national and regional institutions, continue to promote the improvement of medical cause-of-death certification.

. During implementation of ICD-10, CAREC and CMCs should use opportunities for training and upgrading skills in coding and processing health data and increasing awareness of health statistics.

. Council should urge the relevant bodies to revitalize efforts to revise the *pro forma* Report of the Chief Medical Officer, and promote the preparation and use of these reports:

#### **Concerning Tuberculosis strategy:**

. CAREC should continue to use its influence through the Conference of Ministers Responsible for Health to promote, as a priority, the development and maintenance of TB control programs in all CMCs.

. CAREC should support the development of a standardized reporting system for the collection and dissemination of data on TB, which should include a TB registry, morbidity and mortality rates, relapse case rates, and treatment outcomes.

. Development of in-country diagnostic services should be facilitated by CAREC, through training and development of a quality control network. Each country must be capable of performing smear microscopy as the basic ~~diagnostic test for support of the TB control program~~, and countries with culture capability should be supported to perform drug sensitivity testing.

. Through interaction with health professionals and teaching institutions in the Caribbean, CAREC should re-emphasize the importance of TB treatment and control within the curriculum.

. CAREC should recommend standardization of treatment regimens and management of TB in CMCs. Supervision of rifampicin-containing regimens is critical to prevent development of resistant strains.

. In light of the potential emergence of multiple drug-resistant strains of *Mycobacterium tuberculosis* and the issue of coinfection with HIV in the Caribbean, CAREC should re-examine the need for activity in nosocomial infection control.

#### **Concerning CAREC's role in HIV/AIDS and STD clinical management and care:**

. HIV/AIDS and STD control should continue to be a priority program at CAREC, and adequate funding should be sought. CAREC itself should not expand into areas of management and care of persons with AIDS, but focus on its areas of expertise: Surveillance, laboratory support, design and evaluation of behavioral interventions, ~~STD case management, and evaluation of control efforts.~~

#### **Concerning Aircraft disinsection:**

. CAREC should review the relevance, rationale and practices of international vector control through conveyance disinsection, and assist in the dissemination of information regarding the effectiveness of alternate procedures, to assist CMCs in selecting appropriate control measures.

. CAREC should explore the options available for biochemical or genetic identification of the origin of imported vectors to support effective control measures, and use the results of these activities to provide advice and recommendations regarding control practices.

. If aircraft disinsection practices are maintained and adequate external resources can be obtained, CAREC should help to ensure proper and ~~adequate training of involved airline personnel~~ and periodic evaluation of the practices.

The CAREC Council met during 20-21 March, immediately following the SAC meeting. Their deliberations included consideration of the SAC recommendations, and all were accepted with relatively minor modifications.

Source: Division of Health Situation and Human Development, Health Situation Analysis Program, HDP/HDA, Division of Disease Prevention and Control, Caribbean Epidemiology Center, HPC/CAREC, PAHO.